

UAB COVID-19 Aerosol Generating Procedures* PPE Checklist for Providers and Respiratory Therapists

Preparing for procedure

- Identify limited personnel who will be in the room (i.e. for intubation -- RN/RT/MD Intubator). RN will push drugs and then move back out of the droplet zone.
- Assure that all needed equipment is available including video laryngoscopy, bag valve mask w/ viral filter.
- Remove anything that might puncture PPE (jewelry/pens/badges)
- Gather PPE for high-risk procedures COVID-19 (N95, surgical cap, impermeable gown, 2 pairs of gloves, face shield)

Procedural Steps

DONNING – *done outside the patient room.*

- Use hand sanitizer and allow to dry fully (20 seconds) OR wash with soap and water
- Put on impermeable (surgical) gown and secure outside tie. Do not tie tightly in front.
- Put on N 95 mask (top strap first, then bottom strap), making sure to perform fit test on N95 mask
- Put on bouffant cap (make sure covering ears) or surgical paper hat
- Put on face shield
- Put on two pairs of gloves, with longer pair on bottom – both covering the cuffs of the gown completely

DURING THE PROCEDURE (Intubation, specifically)

- Perform hand hygiene on gloves if soiled. If grossly contaminated, use purple wipes & allow to dry for 2 minutes.
- Do not turn your back to the patient (to keep back of gown clean).
- Stay back from the oral opening using video laryngoscope.

There should be a viral filter attached to the BVM and then be used between the bag and ETT at all times. The Medtronic 980 vent has a built-in Exp filter and mainstream ET CO₂ on all the vents.



IMMEDIATELY AFTER THE PROCEDURE (for Intubation)

- Secure ETT, then perform hand hygiene with ETOH-based hand sanitizer
- Remove outer gloves by grasping the cuff of the outer glove of your left hand at your wrist with your right hand and peeling the glove off turning it inside out, using it to cover the disposable laryngoscope blade. Place CMAC blade covered with glove on bedside table. Alternatively – Place blade on chux. (RT will discard disposable CMAC blade and wipe down CMAC cart once in the room and then take outside for a second cleaning.)
- Placing fingers of gloved left hand under cuff of outer glove of right hand; peel outer glove off right hand, careful not to touch the outside of the outer glove with the “clean glove” on the left hand. Drop 2nd out glove in trash.

DOFFING – *Start inside the room*

- Use purple wipes IF you note any gross contamination and allow to dry for 2 minutes OR Perform hand hygiene with ETOH-based hand sanitizer
- Remove gown & gloves together– using both hands, grab the gown in the front of your chest crossing arms and slowly extend your arms fully in front of you pulling the gown off and forward. The goal is to roll the gown up slowly turning the contaminated outer surface internally. You should lean slightly forward and hold it fully away. If you have tied the waist strap tightly you may need to pull forward at the waist first to loosen.
- Drop gown and gloves in garbage.
- Perform hand hygiene with ETOH-based hand sanitizer.

Don new pair of clean gloves
Disinfect front of face shield/goggles with purple wipe (while still on HCW face)
Doff gloves and place in garbage
Perform hand hygiene with ETOH-based hand sanitizer.
Performing appropriate aftercare – STEP OUTSIDE THE ROOM
Perform hand hygiene with ETOH-based hand sanitizer.
Remove face shield – reach back, grab the strap and pull it over towards the front. Place on bedside table or designated surface for re-use.
Perform hand hygiene with ETOH-based hand sanitizer.
Remove hair covering and place in garbage
Perform hand hygiene with ETOH-based hand sanitizer.
Remove N95, making sure to only touch straps of mask, and drop in garbage
Perform hand hygiene with ETOH-based hand sanitizer.

* May include specimen collection, intubation, bronchoscopy and other procedures.